

Fig. 1

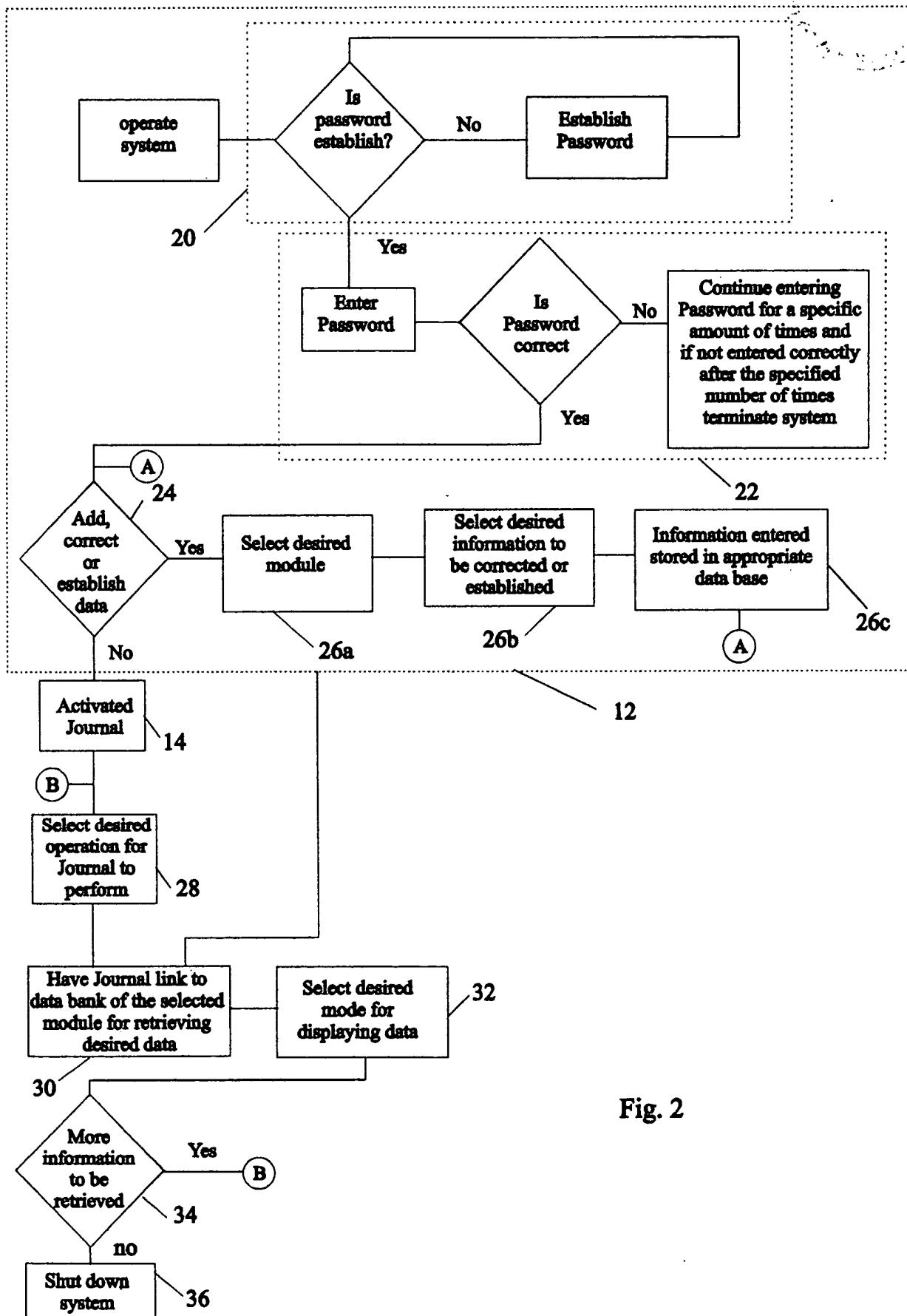


Fig. 2

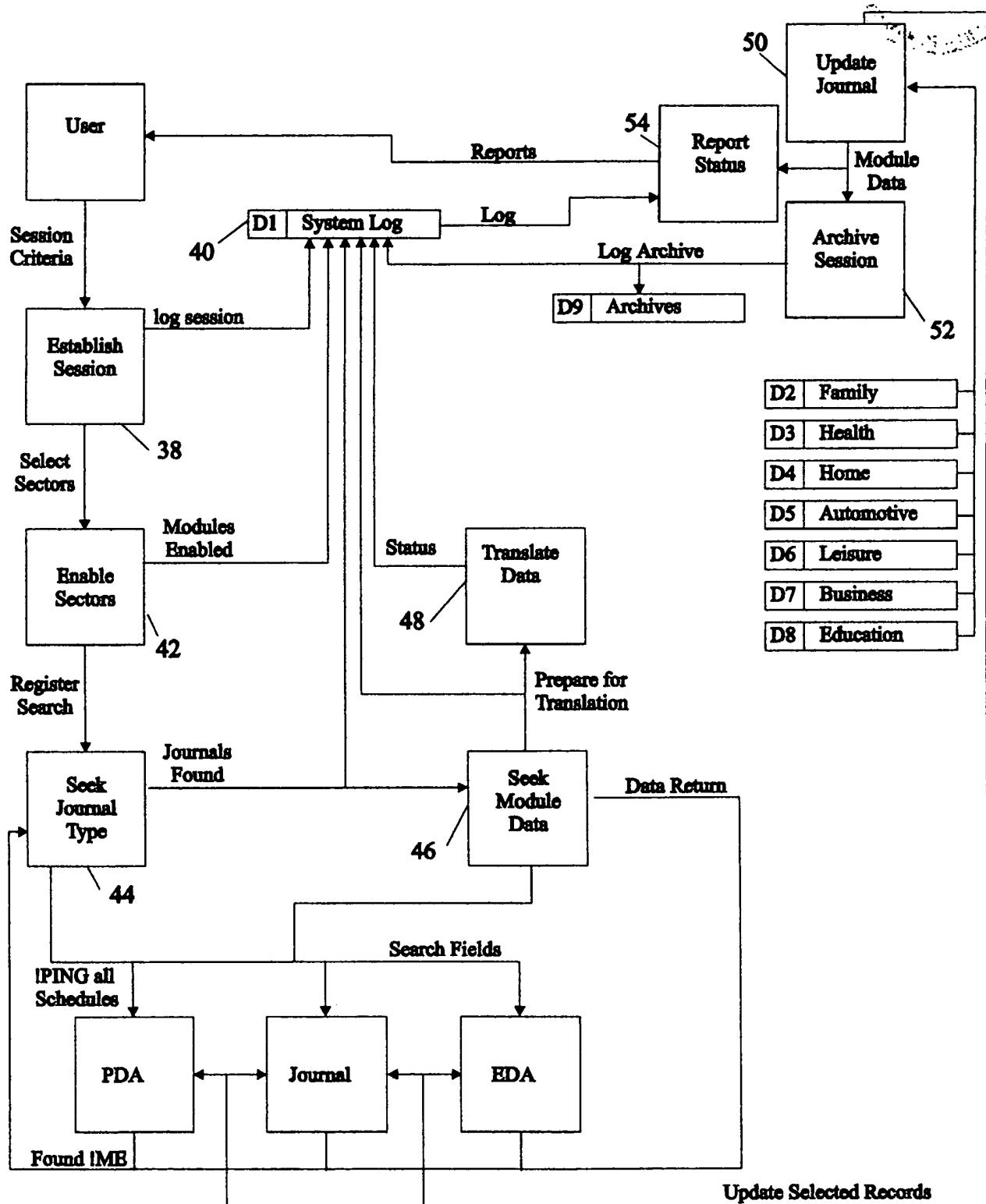


Figure3

Personal/Family/Friends

Name: _____	(Last)	(First)	(M.I)
Relationship: _____			
Address: _____	(Street)		
(Apt./Bldg.)			
(City)	(State)	(Zip)	
Work/School Telephone Number: _____			
Address of Work/School: _____ _____			
Home Telephone Number: _____			
Home Fax Number: _____			
Work/School Fax Number: _____			
Mobile Number: _____			
E-mail address at Work/School: _____			
E-mail address at Home: _____			
Contact Person at Work/School: _____			
Title of Contact Person at Work/School: _____			
Additional Contact Personnel: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Interest of individual: _____ _____			
Date of Birth: _____			
Advance Reminder of Birthday: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remind on: _____ days in advance _____ weeks in advance _____ months in advance			
To Do List for Special event/Birthday: _____ _____ _____			
Additional items for the to do list: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Personal/Family/Friends

Friends/Associates/Businesses/Caterer to contact for event

Name: \_\_\_\_\_

(Last)

(First)

(M.I)

Relationship/Title \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Apt./Bldg.)

\_\_\_\_\_  
(City) (State) (Zip)

Others Associated with Special Event:  Yes  No

Dates of Other Special events: \_\_\_\_\_

Advance Reminder of Special Event:  Yes  No

Remind on: \_\_\_\_\_ days in advance

\_\_\_\_\_ weeks in advance

\_\_\_\_\_ months in advance

To Do List for Special event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional items for the to do list:  Yes  No

Friends/Associates/Businesses/Caterer to contact for event  Yes  No

Name: \_\_\_\_\_

(Last)

(First)

(M.I)

Relationship/Title \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Apt./Bldg.)

\_\_\_\_\_  
(City) (State) (Zip)

Others Associated with Special Event:  Yes  No

Other Special Events:  Yes  No

00000000000000000000000000000000

### Personal/Family/Friends

Reason for Appointment: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Appointment with (Name): \_\_\_\_\_

Pertinent Address for Appointment \_\_\_\_\_  
\_\_\_\_\_

Telephone for Appointment: \_\_\_\_\_

Fax for Appointment: \_\_\_\_\_

E-mail for Appointment: \_\_\_\_\_

Advance Reminder of Appointment:  Yes  No

Remind on: \_\_\_\_\_ days in advance

\_\_\_\_\_ weeks in advance

\_\_\_\_\_ months in advance

Additional Appointment:  Yes  No

Groups/ Associations \_\_\_\_\_

Contact Person at Group/Association: \_\_\_\_\_

Title of Contact Person at Group/Association: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Contact Person: \_\_\_\_\_

Additional Contact Personnel:  Yes  No

Member of Group/Association: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Member: \_\_\_\_\_

Additional Member:  Yes  No

To do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Items to be added to The To Do List:

Yes  No

Health and Nutrition

Health Care Provider: \_\_\_\_\_

Health Care Provider's Speciality: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Office Personnel: \_\_\_\_\_

Title of Office Personnel: \_\_\_\_\_

Telephone Number of Office Personal: \_\_\_\_\_

Fax Number of Office Personal: \_\_\_\_\_

Additional Office Personal:  Yes  No

Billing Information: \_\_\_\_\_  
\_\_\_\_\_

Additional Physician:  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Cholesterol: \_\_\_\_\_

Other \_\_\_\_\_

Other Vital Statistics:  Yes  No

56b

Fig. 5a

Health and Nutrition

Medication: \_\_\_\_\_

Reason for taking Medication: \_\_\_\_\_

Length of Time for Prescription: \_\_\_\_\_ days

\_\_\_\_\_ weeks

\_\_\_\_\_ months

Amount Taken: \_\_\_\_\_ pills per day.

Daily Intervals: \_\_\_\_\_ pills every \_\_\_\_\_ hours

Number of pills left after taking today's dose: \_\_\_\_\_

Advance Reminder for Refill of Medication:  Yes  No

Remind on: \_\_\_\_\_ days in advance

\_\_\_\_\_ weeks in advance

\_\_\_\_\_ months in advance

Additional Medication

Yes

No

Fig. 5b

56b

09925827-072017

Health and Nutrition

Date of Appointment: \_\_\_\_\_

Purpose of Appointment \_\_\_\_\_

Pertinent Address for Appointment \_\_\_\_\_  
\_\_\_\_\_

Telephone for Appointment: \_\_\_\_\_

Fax for Appointment: \_\_\_\_\_

E-mail for Appointment: \_\_\_\_\_

Purpose of Appointment \_\_\_\_\_

Advance Reminder of Appointment:  Yes  No

Remind on: \_\_\_\_\_ days in advance

\_\_\_\_\_ weeks in advance

\_\_\_\_\_ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment)  Yes  No

Regular visits occur every: \_\_\_\_\_ days

\_\_\_\_\_ weeks

\_\_\_\_\_ months

Re-Scheduling Needed of Regular Visit  Yes  No

Re-Schedule appointment \_\_\_\_\_ days in advance.

\_\_\_\_\_ weeks

\_\_\_\_\_ months

Additional Appointment:  Yes  No

56b

Fig. 5c

Home and Yard Maintenance

Inspection/Appointments Needed For Home or Item or Equipment needing Maintenance (i.e. termite inspection, heating/cooling maintenance): \_\_\_\_\_

Date of Inspection/Appointment: \_\_\_\_\_

Address for Company Conducting Inspection/Appointment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone for Appointment: \_\_\_\_\_

Fax for Appointment: \_\_\_\_\_

E-mail for Appointment: \_\_\_\_\_

Advance Reminder of Appointment:  Yes  No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment)  Yes  No

Regular visits occur every: \_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Re-Scheduling Needed of Regular Visit  Yes  No

Re-Schedule appointment \_\_\_\_\_ days in advance.  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Additional Appointment/Inspection or item or equipment needing maintenance:  Yes  No

Fig. 6

56c

Vehicle Planning

Inspection/Service Needed For Vehicle or  
Service provided for vehicle: \_\_\_\_\_

Date of Service/Appointment: \_\_\_\_\_

Mileage of Vehicle \_\_\_\_\_

Date Mileage was taken \_\_\_\_\_

Address for Company Performing Inspection/Appointment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone for Appointment: \_\_\_\_\_

Fax for Appointment: \_\_\_\_\_

E-mail for Appointment: \_\_\_\_\_

Advance Reminder of Appointment/Service:  Yes  No

Remind on: \_\_\_\_\_ days in advance

\_\_\_\_\_ weeks in advance

\_\_\_\_\_ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment)  Yes  No

Regular visits occur every: \_\_\_\_\_ days

\_\_\_\_\_ weeks

\_\_\_\_\_ months

Re-Scheduling Needed of Regular Visit  Yes  No

Re-Schedule appointment \_\_\_\_\_ days in advance.

\_\_\_\_\_ weeks

\_\_\_\_\_ months

Additional Appointment/Inspection or item or equipment needing maintenance:  Yes  No

56d

Fig. 7

Entertainment/Recreational/Vacation

Date(s) of Event/Vacation: \_\_\_\_\_

Place of Event/Vacation: \_\_\_\_\_

Pertinent Address for Event/Vacation: \_\_\_\_\_  
\_\_\_\_\_

Telephone for Event/Vacation: \_\_\_\_\_

Fax for Event/Vacation: \_\_\_\_\_

E-mail for Event/Vacation: \_\_\_\_\_

Purpose of Appointment: \_\_\_\_\_

Advance Reminder of Event/Vacation:  Yes  No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

To Do List for Vacation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional items for the to do list:  Yes  No

Regular Event/Vacation/Retreat (annual, monthly, biweekly, weekly appointment)

Regular Event/Vacation/Retreat occur every:

\_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Re-Scheduling/Recipitiate  Yes  No

Re-Schedule event \_\_\_\_\_ days in advance.  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Remind of re-scheduling/recipatation on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

### **Business/Professional**

Name: _____	(Last)	(First)	(M.I)
Title _____			
Address: _____			
(Street)			
_____			
(Apt./Bldg.)		_____	
(City) _____	(State) _____	(Zip) _____	
Work Telephone Number: _____			
Address of School: _____			
_____			
_____			
Home Telephone Number: _____			
Home Fax Number: _____			
Work Fax Number: _____			
Mobile Number: _____			
E-mail address at Work: _____			
E-mail address at Home: _____			
Contact Person at Work: _____			
Title of Contact Person at Work: _____			
Additional Contact Personnel:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Meeting/Conference: _____			
Reason for meeting/Conference: _____			
Advance Reminder of Meeting/Conference:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remind on: _____ days in advance			
_____ weeks in advance			
_____ months in advance			
Regular meeting/conference(annual, monthly, biweekly, weekly appointment)			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Regular meeting/conference occur every: _____ days			
_____ weeks			
_____ months			
Re-Scheduling Needed of Regular Meeting/Conference		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Re-Schedule Meeting/Conference		_____ days in advance.	
		_____ weeks	
		_____ months	

Business/Professional

To Do List for Meeting/Conference:	<hr/> <hr/> <hr/> <hr/>	
Date of Report/Presentation:	<hr/>	
Reason>Title for Report/Presentation:	<hr/>	
Advance Reminder of Due date for Report/Presentation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remind on:	<input type="checkbox"/> days in advance <input type="checkbox"/> weeks in advance <input type="checkbox"/> months in advance	
Regular Report/Presentation(annual, monthly, biweekly, weekly appointment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular Report/Presentation occur every:	<input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months	
Re-Scheduling Needed of Regular Report/Presentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Re-Schedule Report/Presentation	<input type="checkbox"/> days in advance. <input type="checkbox"/> weeks <input type="checkbox"/> months	
To Do List for Report/Presentation:	<hr/> <hr/> <hr/> <hr/>	
Additional Report/Presentation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fig. 9b

**Education/Sports/Extra-curricular Activities**

Student _____	(Last) _____	(First) _____	(M.I) _____
Relationship _____			
Address: _____ (Street)			
_____ (Apt./Bldg.)			
(City) _____	(State) _____	(Zip) _____	
School Telephone Number: _____			
Address of School: _____			
_____			
_____			
Student's Telephone Number: _____			
Student's Fax Number: _____			
Student's Mobile Number: _____			
E-mail address Of Student: _____			
Fax Number of School: _____			
E-mail address at School: _____			
Student's Teacher Name: _____			
Subject teaching: _____			
Additional Teachers: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Recreational Activity: _____			
Daily Scheduling of Recreational Activity <input type="checkbox"/> Yes <input type="checkbox"/> No			
Scheduling occurs at _____ every _____			
Advance Reminder of Recreational Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remind on: _____ days in advance _____ weeks in advance _____ months in advance			
Additional Activities: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of a meeting Pertinent to Student: _____			
Reason for meeting: _____			
Advance Reminder of Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remind on: _____ days in advance _____ weeks in advance _____ months in advance			
Additional Meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Students: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Welcome, please enter your identification code: **\*\*\*\***

Fig. 11

60

Please identify what you wish to accomplish:

- Retrieve daily calendar
- Retrieve weekly calendar
- Retrieve monthly calendar
- other

Fig. 12

62

Enter days needed:

Month  (Day) From  To  Year

Print  yes  no

Fig. 13

64

Daily Events		Date:
		Weekday:
Hour	Appointment	
8 AM		
9 AM		
10 AM		
11 AM		
Noon		
1 PM		
2 PM		
3 PM		
4 PM		
5 PM		
6 PM		
7 PM		
8 PM		
Notes:		

Fig. 14

Activity to Perform:

Add data

Correct, change or delete data

Retrieve address/phone numbers

Retrieve Birth dates/Special Event

Retrieve specific data on self/spouse/sibling/family/friends

Appointment information

Specific "To Do List"

Type in item needed

**Fig. 15**

66

Type in module name

**Fig. 16**

68

Date of Appointment:	Jan. 2, 2002
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Fig. 17

70

Person/Place of appointment:	Dr. John Smith
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Fig. 18

72

Purpose of Appointment	Physical
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Fig. 19

74

Advance Reminder of Appointment:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Fig. 20

76

Remind on:	<input type="checkbox"/> days in advance
	<input checked="" type="checkbox"/> 1 weeks in advance
	<input type="checkbox"/> months in advance

Fig. 21

78

090202027-014702  
Regular Visit (annual, monthly, biweekly, weekly appointment)  Yes  No

Fig. 22

80

Regular visits occur every:  days  
 weeks  
 12 months

Fig. 23

82

Re-Scheduling Needed of Regular Visit  Yes  No

Fig. 24

84

Re-Schedule appointment  days  
 weeks in advance.  
 3 months

Fig. 25

86

Additional Appointment:  Yes  No

Fig. 26

88

Go to main Menu       Yes       No

Fig. 27

90

Exit Time Management System:       Yes       No

Fig. 28

92